

L13000094598

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(City/State/Zip/Phone #)

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JUL 16 2014
TALLAHASSEE, FLORIDA

16 JUN 16 2014

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J. Shivers JUN 16 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KJ STANDARD BOX LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAUREN D. ELCO, ESQUIRE

Name of Person

SCHLOSSBERG, LLC

Firm/Company

35 BRAINTREE HILL OFFICE PARK, STE 204

Address

BRAINTREE, MA 02184

City/State and Zip Code

lelco@sabusinesslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAUREN D. ELCO

Name of Person

at **(781) 848-5028**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KJ STANDARD BOX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 2, 2013 and assigned
Florida document number L13000094598.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

21 HARBOR ISLAND DRIVE

KEY LARGO, FL 33037

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21 HARBOR ISLAND DRIVE

KEY LARGO, FL 33037

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KEVIN FISH

New Registered Office Address:

21 HARBOR ISLAND DRIVE

Enter Florida street address

KEY LARGO

City

Florida 33037

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

Case	Case	Case
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Add
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		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
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		<input type="checkbox"/> Remove
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove

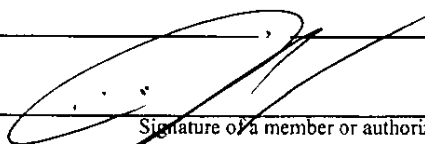
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MANAGER/MEMBER ADDRESS FOR KEVIN FISH SHOULD BE
CHANGED TO 21 HARBOR ISLAND DRIVE, KEY
LARGO, FL 33037.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member
KEVIN FISH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 JAN 16 2012
FLORIDA